

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90192 050 \*\*\*150.00

**DOCUMENT # P05000040045**

1. Entity Name  
**LOVE THOSE PETS, INC.**



Principal Place of Business  
**2225 WILTON DRIVE  
FORT LAUDERDALE, FL 33305**

Mailing Address  
**2225 WILTON DRIVE  
FORT LAUDERDALE, FL 33305**

2. Principal Place of Business - No P.O. Box #  
**3242 N Andrews Ave**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182007

Chg-P

CR2E034 (12/06)

City & State  
**Oakland Park FL**

City & State

4. FEI Number  
**20-2431778**

Applied For  
Not Applicable

Zip  
**33309**

Country  
**BELUAD**

Zip

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASEY, PAUL T  
1800 N ANDREWS AVENUE APT. 3A  
FORT LAUDERDALE, FL 33311**

Name  
**CASEY PAUL T.**  
Street Address (P.O. Box Number is Not Acceptable)  
**130 NE 46 CT**  
City  
**OAKLAND PARK** **FL** Zip Code  
**33334**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PAUL T. CASEY**

Signature, typed or printed name of registered agent and title if applicable.

**Paul T Casey**

(NOTE: Registered Agent signature required when reinstating)

**4-20-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**  
NAME  
**CASEY, PAUL T**  
STREET ADDRESS  
**1800 N ANDREWS AVENUE APT. 3A**  
CITY-ST-ZIP  
**FORT LAUDERDALE, FL 33311**

TITLE  
NAME  
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**130 NE 46 COURT  
OAKLAND PARK, FL 33334**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Paul T Casey**

**4-20-07**  
DATE TITLE **President**